

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/516402

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | 1 | | 1 | | | |
| 6 | 1 | | | | | |
| 7 | 1 | | | | | |
| 8 | 1 | | | | | |
| 9 | 1 | | 1 | | | |
| 10 | 1 | | 1 | | | |
| 11 | 1 | | 1 | | | |
| 12 | | | | | | |
| 13 | 0 | | | | | |
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| TOTAL DEP. | 8 | ← | 5 | ← | | ← |
| TOTAL CLAIMS | 15 | | 11 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
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| TOTAL CLAIMS | | | | | | |